APPLICATION FOR APPRENTICE TRAINING

All requested information must be provided and all questions must be answered. Failure to complete the application will result in its return to you. **NOTE:** THIS COMPLETED FORM MUST BE SUBMITTED TO THE BUREAU OFFICE AND THE APPRENTICE LICENSE ISSUED BEFORE THE APPLICANT'S TRAINING BEGINS.

NOTICE

As noted in § 54-816, Idaho Code, the board may either refuse to issue or renew, or may suspend or revoke, a permit or license for any of the following causes: The conviction of a felony; Malpractice or in-competency; Continued practice by a person knowingly having an infectious or contagious disease; False or deceptive statements in advertising; Habitual use of habit-forming drugs; Immoral or unprofessional conduct; Submitting a fraudulent application or obtaining a license or permit through fraud; The violation of any other provision of the cosmetology laws or rules.

The board may also refuse to issue or renew a permit or license for a person who is in default in the repayment of any student loan if, at the time the loan was incurred, the student is provided notice of the power of the board to refuse to issue or renew a certificate or license in the event of a default in the repayment, which notice shall be in writing and acknowledged by the signature of the student six (6) months prior to the refusal to issue or renew a certificate or license.

Please be aware of the requirement that apprentice training must take place under the immediate personal supervision of a licensed instructor AND another licensee. The supervision must be provided and the training must be received within the same salon. NOTE: Each primary salon and each contiguous salon licensed within a primary salon are considered to be separate establishments. An apprentice who receives training in a contiguous salon must receive their supervision from within the contiguous salon. If the apprentice or the instructor or the additional licensee is located in a different establishment during periods of training, the training is not in compliance. Any training received that is not in compliance with the laws and rules governing apprenticeships will not be allowed, and formal disciplinary action may be taken by the Board against the personal and facility licenses of any or all of those persons found to be in violation.

Each instructor, licensee, and applicant should review the laws and rules pertaining to apprenticeship training before entering into an apprenticeship-training program. FEES ARE NONREFUNDABLE. The State of Idaho Cosmetology Laws and Rules may be downloaded at: https://www.ibol.idaho.gov/cos.htm

Questions regarding this application or the requirements for licensure may be addressed to:

IDAHO STATE BOARD OF COSMETOLOGY
Bureau of Occupational Licenses
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
cos@ibol.idaho.gov

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IDAHO STATE BOARD OF COSMETOLOGY

Bureau of Occupational Licenses 1109 Main Street, Suite 220 Boise, Idaho 83702-5642

APPRENTICE REGISTRATION APPLICATION

Complete this form by providing the requested information and submit it to the address noted above. The signatures of the apprentice applicant, salon owner, and instructor must be notarized and the fee (\$20.00) must be attached. FEES ARE NOT REFUNDABLE. Returned checks are subject to a \$20.00 collection fee.

NOTE: IMPROPER REGISTRATION MAY RESULT IN THE LOSS OF TRAINING HOURS.

<u>THIS COMPLETED FORM MUST BE SUBMITTED TO THE BUREAU WITHIN FIVE (5) DAYS OF THE APPLICANT'S FIRST DAY OF TRAINING.</u> Should the information you provide be found to be untrue or inaccurate, or the fees be non-collectable, your registration and training will be invalid.

I hereby submit my application to be registered as an apprei []Cosmetology	/ []Esthetics []	Electrology	
1. Full Name (Mr., Mrs., or Ms.) (Your full legal name is required. Legal documentation of any name	ne changes from birth to the pre	esent may be red	quired.)
2. Address of Record	City	State	Zip
	Oity	State	Ζip
3. Mailing address(The above address is not public record) Street	City	State	Zip
4. Place of Birth	Date of Birth		
(Proof of age must be attached. i.e. A copy of your birth certif	m ficate, passport, military ID, or va	ım dd yy alid driver's licer	/yy nse.)
5. SS #phone # ()	E-mail		
(Proof of education must be provided to the school. i.e., a copy of Name change documentation is required if your name has change 7. Cosmetology salon you will apprentice in (You was a change of the	ed since birth.)		
Name of salon		Salon License	
8. Have you ever been convicted of any State or Fo (If yes, please attach a detailed statement, including a summary of documentation, and any other relevant information.)			 No parole
9. Have you received prior cosmetology or barber (If Yes, please attach the name of the school you attended, your n			No
10. Are you or have you ever been licensed in any (If Yes, certified documentation must be received by the Board directly for		[]Yes []	No
11. Have you ever had a license revoked, suspende (If Yes, please attach a detailed statement, including a summary of information.)			 No evant

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<u>APPRENTICE REGISTRATION APPLICATION</u>

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APPRENTICE AFFIDAVIT

I hereby certify under penalty of perjury that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed the requirements for apprenticeship training and understand that I may not practice independently and must receive all training under the immediate personal supervision of a licensed instructor and an additional licensee. I further certify that I do not have any infectious or contagious disease which may pose a threat to the general public and that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I hereby authorize and direct any person, agency, firm, or other entity to release to the Bureau of Occupational Licenses or it's identified agent any and all information, communications recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

		Signature of app	prentice applica	ant	
State of	, County of		SS.		
Subscribed and swo	, County of orn before me this	day of		, 20	<u></u> .
(sea	I)				
(Seal)		Notary Public of	fficial signature		
		my commission	•		
	İ	INSTRUCTOR AF	FIDAVIT		
requirements for appand must receive all additional licensee. further certify that the provided to said applays and rules concaction against any plays further certify that of my knowledge are and have on file account and have on file account and the account of	er penalty of perjury the prenticeship training and I training under the important of the Interpretation of the Information provided belief, and that I has been to the Information of the Interpretation of the Interpretat	and understand that imediate personal simediate personal simility be present in the outlines and idention that I am familiar as and that any failured on and attached we confirmed the train that the applicant requirement.	t an apprentice supervision of a supervision of a supervision of a supervision of a supervision to the apprentiation of the application of the app	e may not praction a licensed instruction in with said appoint the comply with with those requires ation is true and the applicant applicant and the applicant and the applicant applica	ce independently ctor and an rentice at all times. I ogram that will be all Cosmetology ements may result in accurate to the best I that I have received
		Signature of ins	tructor & Licen	se#	
State of _	, County of		SS.		
Subscribed and swo	, County of orn before me this	day of		, 20	<u>_</u> .
(sea	1)				
,500	·,	Notary Public of	ficial signature	!	
		my commission	expires		

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APPRENTICE REGISTRATION APPLICATION

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SALON AFFIDAVIT

I hereby certify that I am the registered owner of the aforementioned salon and that I am familiar with and agree to comply with all Cosmetology laws and rules concerning apprenticeships and that any failure to comply with those requirements may result in action against any personal or facility license I may hold. I further certify that the list below is a complete roster of all current **employees** of the aforementioned salon in which the apprentice will receive training. I further certify that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief.

		Signature of salon owner		
Salon Name				Salon License #
Phone #	e-mail _			_
State of Subscribed and sw	, County of vorn before me this	, ss. day of	, 20	
(sea	al)	Notary Public official signature		
		my commission expires		
	(DO NO	EMPLOYEE ROSTER OT list Contiguous Salon License Holders)		
Name				License #
Name				License #
Name				License #
Name				License #
Name				License #
Name				License #
Name				License #
Name				License #
Name				License #

(Please attach a separate list if additional space is necessary)

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